

Summary of Discussion from February 6, 2012 Duals Open Meeting

Integrating Medicare and Medicaid for Dual Eligibles

Public Meeting

Robin Callahan, Deputy Medicaid Director facilitated the meeting and **Dr. Julian Harris**, MassHealth Director, and **Christine Griffin**, Assistant Secretary for Disability Policies and Programs, participated in the discussion.

Welcome

- Dr. Harris opened the meeting. He noted that the Demonstration Proposal has been revised and incorporates stakeholder feedback. Last week, federal partners presented information regarding Medicare requirements and were enthusiastic about the Massachusetts approach because it seeks to expand services and close gaps that limit access to long term services and supports (LTSS) and behavioral health services.
- Christine Griffin stated that additional work will continue over time with stakeholders. She said that some of the input that was received during the public comment is at a level of detail that is not included in the Demonstration proposal but may be valuable going forward.

Discussion

Attendees responded to the presentation with the following questions and comments:

- Member protections should include choice and access. There is still concern regarding closed networks.
- Health information technology and behavioral health are vital.
- A definition of LTSS was requested.

MassHealth responded that LTSS describes non-medical functional supports. Many LTSS are available in the Medicaid state plan and HCBS waivers. ICOs will be allowed greater flexibility to include additional community-based support services that are not currently covered by Medicare or Medicaid..

- Are specialty ICOs under consideration?

MassHealth responded that ICOs will not be able to define a subset of the population that they will or will not cover. ICOs may develop specialties that are attractive to members but they will be required to serve all members within their geographic area if the member elects the ICO.

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- How will MassHealth build in the choice to utilize the FFS system since the FFS system is “phasing out?”

MassHealth responded that members will be able to make an affirmative choice not to enroll in the Demonstration. FFS will still be an option when this Demonstration is implemented. The Governor’s legislation includes various global payment arrangements but a system without FFS is farther into the future.

- Will behavioral health organizations be able to serve as medical homes if they have primary care capability?

MassHealth responded that organizations may participate if they meet all requirements and the ICOs elect to utilize them. There is hope for creativity within the requirements.

- Will the level of financial support provided for primary care be comparable to the support provided under PCMH?

MassHealth responded that there will be certain expectations including integration with LTSS. However, payment models around primary care and the individual levels will be up to the individual ICOs.

- Was conflict-free case management added to the proposal?

MassHealth responded affirmatively.

- Are there specifics regarding the frequency of ongoing assessments?

MassHealth responded that there are expectations that ongoing assessments will occur yet details have not been determined.

- Who will receive an initial assessment and where will it take place?

MassHealth responded that everyone will have an initial assessment and it will be done at the primary care site. ICOs may do the assessment in the beneficiary’s home or another location, depending on the enrollee’s needs. It was confirmed that the primary care site could include a behavioral health provider.

- Will the capitation only include rates under current CPT codes or will it go beyond what is typically paid using CPT codes?

MassHealth responded that care coordination will be a part of the capitation rate. ICOs will not be paid in CPT codes; instead, they will receive a global payment.

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- Will the ICO be responsible for locating the member if they do not show up for their assessments?

MassHealth responded that ICOs will be responsible and some members may need the assessment completed at home. ICOs will need to use creativity and flexibility to meet the needs of the enrollee. Another attendee stressed that assessments completed at home are better because they include an assessment of the environment.

- If ICOs develop payments, they should be transparent.
- Will there be “carve outs” for behavioral health services?

MassHealth responded that they will not prescribe these but ICOs will need to propose how they will provide the full range of services. Carve-out will not be specifically prohibited or encouraged.

- Transitions are a major opportunity in terms of cost savings and better care.
- Will MassHealth and CMS share data on patterns of utilization to enhance the ability of ICOs to stratify populations? This is important for ICOs to know what they need in their networks.

MassHealth responded that they would like to but first need to discuss specifics with CMS. Additional information needs to be learned about Medicare data use agreements and systems need to be adjusted to collect, send and receive data. These issues will need to be discussed and systems built together.

- Is there an expectation that the “carve out” services for individuals enrolled in HCBS waivers (Adult Day Health, Adult Foster Care, Day Habilitation, Group Adult Foster Care, PCA and HCBS waiver services) will become part of the ICO service package over time?

MassHealth responded that the hope is for ICOs to become proficient and develop networks of care to support the full range of services. Initially, they will only provide these state plan services to non-waiver populations. It was clarified that these five state plan services are only carved out for individuals enrolled in HCBS waivers and ICO care teams and LTSS coordinators will need to access these services for all other populations.

- Will HCBS waiver enrollment close due to this Demonstration?

MassHealth responded that waiver enrollment will continue. If a person is qualified for a HCBS waiver, they can elect to enroll.

- Can MassHealth tell an ICO that it does not have enough providers?

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MassHealth responded that there will be network adequacy requirements. Provider adequacies will be a part of the 3-way contract and part of the procurement requirements.

- What happens when a member moves in and out of a service region? Can individuals choose between regions or will they be restricted to the nearest region? Many people live in areas throughout the state but travel to Boston or Worcester for care.

MassHealth responded that there will be continuity of care requirements and MassHealth will rely on historical experiences of MCOs to think further about this issue. It was clarified that there will be five regions and, generally, each person will choose among ICOs in their geographic area. Each of the ICO networks will vary. ICOs will need to think about transportation and how providers in their network work together to ensure services are integrated. ICOs will need to consider geographic areas and continuity of care.

- Will community centers be a part of the Demonstration and will dual eligible veterans be included?

MassHealth responded affirmatively.

- MassHealth should consider the payment interactions for DMH consumers in community-based flexible supports who are already in a risk-based payment arrangement. This population often needs admission to a State hospital unit and do not receive the same attention as they do in the community when they are in this setting. Also, due to long waits for State hospital beds, consumers are often held in hospitals until a bed becomes available.

MassHealth responded that they will continue to work with DMH and providers on this issue due to the complexity of the issue.

- Workforce development is a key, especially in the areas of ID/DD, behavioral health and individuals with co-morbid medical issues. This should be a priority.
- Will there be state funding for educational resources globally, like in PCMHI?

MassHealth responded that something like a learning collaborative will be needed. Also, LTSS coordinators must be qualified and trained. Federal dollars will be essential for this activity.

- Will ASL interpreters be provided by the ICOs?

MassHealth responded that there are ADA compliance requirements and cultural competency requirements that include ASL interpreters and other communication access for deaf and hard of hearing individuals. ICOs will need to have an advisory council focusing on ADA compliance and will need to fund resources.

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The 190 day lifetime limit for inpatient psychiatric care is a barrier.

MassHealth responded that they will continue to work with DMH on this issue.